

INDIANA PROFESSIONAL LICENSING AGENCY Indiana State Board of Cosmetology Examiners 302 West Washington Street, Room E034 Indianapolis, Indiana 46204 Telephone: 317-232-2980

INSTRUCTIONS: Please complete this form in it's entirety and return to the Indiana Professional Licensing Agency. Requests For Waiver Of Six Month Licensure Requirement are reviewed monthly by the State Board of Cosmetology Examiners. Upon review, you will be notified in writing of the Board approval / denial.

REQUEST FOR WAIVER OF SIX MONTH LICENSURE REQUIREMENT (IC 25-8-7-3; IC 25-8-12.6-3, IC 25-8-7.1-3, IC 25-8-7.2-3)		
On this day of , , I, , I, ,		
On this, day of, ,, , i	,	Name ,
Adı	 dress	
respectfully request the Board of Cosmetology Examiners to waive the requirement on holding a		
□ cosmetologist license, or □ manicurist license		
☐ esthetician license ☐ electrologist license		
for six (6) months prior to submitting my application for a		
☐ cosmetology salon license, or ☐ manicurist salon		
☐ esthetician shop license ☐ electrology salon.		
(A) State reason(s) for requesting waiver:		
(B) Signature of two (2) persons who know me and are familiar with the fact(s) set forth above.		
(1)		Date signed
(2)		Date signed
Signature of applicant		License number
, vortextery		
NOTARIZATION		
Before me, a notary public, personally appeared who subscribed and swore to the foregoing.		
	Signature of Notary	
	Drinted or typed same of Net	
(SEAL)	Printed or typed name of Notary	
	County of residence	
	State	Commission expiration date